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# Wisconsin Medicaid APR DRGHMO Technical Documentation

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Wisconsin Department of  
Health Services, Division of  
Health Care Access &  
Accountability

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Bureau of Fiscal Management

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## 1. Project Information

### 1.1. Project Overview

The Wisconsin Department of Health Services (DHS), Division of Health Care Access and Accountability (DHCAA), Bureau of Fiscal Management (BFM) is implementing a change in pricing methodology for hospital inpatient fee-for-service (FFS) claims and health maintenance organization (HMO) encounters. The pricing methodology is changing for hospital inpatient claims and encounters with a Date of Discharge, or To Date of Service (TDOS), on or after January 01, 2017 from the Medicare Severity Diagnosis Related Group (MS-DRG) to the All Patient Refined Diagnosis Related Group (APR DRG). The MS-DRGs will remain effective with the respective MS-DRG version for hospital inpatient claims and encounters with a TDOS prior to January 01, 2017.

The change applies to all hospitals, both certified as in-state and out-of-state, except for rehabilitation and psychiatric, Department of Corrections for acute care, and enhanced per diem rates for ventilator, coma, and neurological, and includes inpatient services covered under benefit plans for Medicaid and the Wisconsin Chronic Disease Program (WCDP). There are no changes in provider certification or in coverage for member services.

As a separate effort, but coinciding with this project, new hospital APR DRG weights and rates will be developed for the implementation of the new payment methodology. The rate and weight development will be coordinated between the State and the State's rate vendor, Navigant. The new rates and weights will apply to FFS claims and HMO encounters.

### 1.2. Project Approach

The APR DRG project approach is to follow existing State/HPE processes for project management and system development with the addition of more robust requirements gathering and project documentation. The State will coordinate all communication with internal and external stakeholders, including publications. The Hospital Team will lead communication with the CMS, 3M, hospitals and the WHA while the HMO Team will lead correspondence with the HMOs.

### 1.3. Project Stakeholders

For the APR DRG project, the stakeholders are:

- Bureau of Fiscal Management (BFM)
- Bureau of Benefits Management (BBM)
- Bureau of Coordination (BOC)
- Wisconsin Office of Inspector General (OIG)
- Medicaid and WCDP Hospitals
- Wisconsin Hospital Association (WHA)
- Wisconsin HMOs
- Hewlett Packard Enterprise (HPE)
- Navigant
- Milliman
- 3M
- Centers for Medicare and Medicaid Services (CMS)
- Data File Recipients



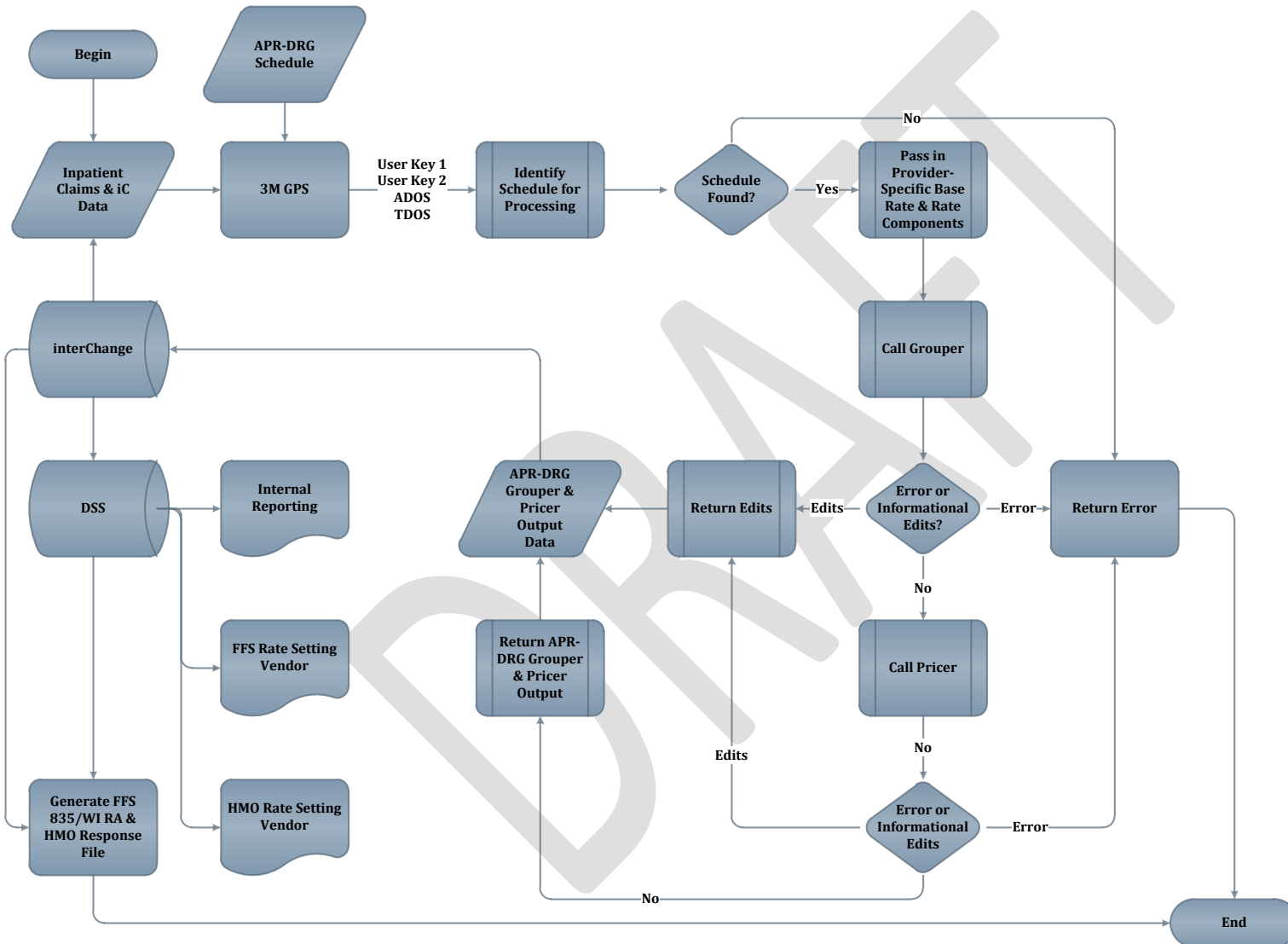
## 1.4. Stakeholder Roles and Responsibilities

For the stakeholders identified in this section, the roles and responsibilities for the APR DRG project are:

- DHS
  - Oversee and direct project, Develop and clarify policy, Develop business requirements
  - Lead internal and external communication, Provide correspondence and system approvals
  - Coordinate development of FFS hospital rates and weights
- HPE
  - Overall project management, Develop functional and technical requirements, Develop operational and technical documentation
  - System installation and integration, System updates and rule configuration
  - HMO support for interaction with the MMIS, policy clarifications, questions on documentation/updates/handbooks
- 3M
  - Support for the GPS, including questions/clarifications related to installation, integration, grouping, pricing, errors, return codes or other items related to the 3M products
  - Update the APR DRG for Wisconsin-specific pricing, inputs and outputs. Wisconsin-specific weights
  - Provide download for the updated GPS
- Participating HMOs
  - System installation and integration
  - System updates and configuration



## 1.5. Process Overview Workflow





## **2. Inpatient Policy Clarifications and Updates**

For the APR DRG implementation, the State is clarifying policy related to billing Maternity Stays for the mother and newborn. The State is also implementing a billing change for newborn claims related to the birth weight. Pricing changes include the use of policy adjusters in the APR DRG base amount calculation and for certain transfer situations.

The State will issue ForwardHealth Updates with detailed information on these changes. However, an overview of these changes is included in this section.

### **2.1. Maternity Stays**

For Maternity Stays, the hospitals are required to bill the mother claim and newborn claim separately. The APR DRG grouper includes editing related to the dates of service, member date of birth, and the weight of the newborn. The items must be in agreement from a clinical perspective in order to group the claims correctly.

### **2.2. Value Code for Birth Weight**

Inpatient claims for newborns must include the weight of the baby in grams and reported using value code 54. The GPS requires the baby weight in grams for newborn claims to properly assign an APR DRG. The weight must be in the proper format, greater than zero, and less than or equal to 9999 grams.

### **2.3. Transfers**

The State is implementing a change in pricing for certain transfers between institutions for most inpatient stays in order to more accurately price short stays. The change is to derive and compare a Transfer per diem amount to the DRG base amount, and price using the lessor value.

### **2.4. Pricing Adjusters**

The State is implementing the use of three pricing adjusters as part of the Base DRG Amount determination to more appropriately price inpatient stays for intensive services. The Provider Adjuster will be associated to the hospitals and Pediatric Adjuster and Service Line Adjuster will be associated to specific APR DRGs.

Specific hospitals will have a Provider Adjuster. The Pediatric Adjuster may apply to members through their seventeenth birthday for specific APR DRGs. The Service Line Adjusters may apply to specific APR DRGs. Only one adjuster may be applied to a claim. The maximum adjuster will be used when more than one adjusters is available





### 3. APR DRG Pricing

#### 3.1. Base Data Elements

Data Element	Source	iC Term
Hospital DRG Rate	iC → Provider → Provider DRG Rate → Base Rate	Base Rate
Provider Adjuster	iC → Provider → Provider DRG Rate → <New Field>	
Age Adjuster*	iC → BPA → DRG → Rates → <New Field>	
DRG Weight	iC → BPA → DRG → Rates	Weight
Service Line Adjuster	iC → BPA → DRG → Rates → <New Field>	

#### 3.2. Base Pricing Formula

DRG Base Amount = Hospital DRG Rate \* DRG Weight \* Maximum of (**Provider Adjuster, Age Adjuster \***, **Service Line Adjuster**)

\*Age Adjuster applied up to a certain age, e.g. through 17<sup>th</sup> birthday

#### 3.3. APR DRG Transfer Pricing

##### 3.3.1. Transfer Data Elements

Data Element	Source	iC Term
DRG Base Amount	Calculated (3.2)	
Discharge Status	iC → Institutional Claims → Patient Status	Patient Status
APR DRG	GPS → Grouper	
Admit DOS	iC → Institutional Claims → Admit Date	Admit Date
To DOS	iC → Institutional Claims → TDOS	TDOS
Length of Stay (LOS)	Calculated	
Arithmetic Average LOS	GPS → StatFee	
Transfer Per Diem	Calculated	
Transfer Payment	Calculated	

##### 3.3.2. Transfer Pricing Formula

IF Discharge Status IN('02','05','65','66','82','85','93','94')

AND APR DRG NOT IN ('580','581')



THEN

$LOS = (TDOS) - (Admit Date)$ , if  $LOS = 0$ , Then  $LOS = 1$

$Transfer Per Diem = (DRG Base Amount) / (Arithmetic Average LOS)$

$Transfer Payment = (Transfer Per Diem) * (LOS + 1)$

$Transfer Base Amount = Minimum of (DRG Base Amount, Transfer Payment)$

### 3.4. APR DRG Outlier Pricing

#### 3.4.1. Outlier Data Elements

Data Element	Source	iC Term
Base Allowed Amount	Calculated (3.2) or Calculated (3.3.2)	DRG Base Amount or Transfer Base Amount
Cost-to-Charge Ratio (CCR)	iC → Provider → Provider DRG Rate → Cost Charge Rate	Cost Charge Rate
Variable Cost Factor (VCF)	iC → Provider → Provider DRG Rate → Paid %	Paid %
Outlier Trim Point	iC → Provider → Provider DRG Rate → Cost Outlier Trim Point	Cost Outlier Trim Point
Cost of Charges	Calculated	
Outlier Threshold	Calculated	
Outlier Amount	Calculated	
Total Allowed Amount	Calculated	

#### 3.4.2. Outlier Pricing Formula

$Cost of Charges = (Total Charges - Non-covered Charges) * CCR$

$Outlier Threshold = Outlier Trim Point + (Base Allowed Amount)$

$Outlier Amount = (Cost of Charges - Outlier Threshold) * VCF$

If  $Outlier Amount > 0$ ,  $Total Allowed Amount = Base Allowed Amount + Outlier Amount$

Else,  $Total Allowed Amount = Base Allowed Amount$



### 3.5. Requested 3M Grouper Plus System Changes for APR DRG

The State is coordinating with 3M to update the GPS to include Wisconsin-specific pricing and new inputs and outputs. The exact field names and APIs will be created by 3M and available in a future GPS release. The following table includes the data elements requested by the State.

Data Element	Source	Input/Output/Stat	Use	Data Type	Format	Precision	Occurrence
Total NonCovered Amount	Claim	Input	Outlier Calculation	N	99999.99	2	1
Outlier Trim Point	Schedule → Hospital Values	Input	Outlier Calculation	N	99999.99	2	1
Provider Adjuster	Schedule → Hospital Values	Input	Base DRG Calculation	N	99.9999	4	1
Age Adjuster	Statistics → Cost Weights	Statistic	Base DRG Calculation	N	99.9999	4	1
Service Adjuster	Statistics → Cost Weights	Statistic	Base DRG Calculation	N	99.9999	4	1
Total NonCovered Amount Used	GPS → Reimbursement	Output		N	99999.99	2	1
Outlier Trim Point Used	GPS → Reimbursement	Output		N	99999.99	2	1
Base DRG Adjuster Used	GPS → Reimbursement	Output	Max value of: Provider, Age, Service Adjusters	N	99.9999	4	1

\*\*Pricing formula changes outlined above



## **4. 3M Grouper Plus System MMIS Integration**

### **4.1. MMIS Integration Overview**

The 3M GPS was installed in the MMIS as part of the FFS EAPGS project implemented in April 2013. The APR DRG grouper is a licensed component of the GPS. As such, the MMIS will also utilize the GPS for APR DRG grouping and pricing of targeted inpatient claims. The MMIS will systematically interact with the GPS using an APR DRG schedule and the GPS Application Program Interfaces (API) for the Schedule, Grouper, and Pricer objects.

The GPS will be configured with a single APR DRG schedule for each calendar year. The hospital-specific DRG rate and rate components will be passed to the schedule at the time of processing of each claim. These values, along with additional data elements on the GPS stat fee file, will be used to price the claims.

#### **4.1.1. 3M APR DRG Grouper**

The solution to integrate the 3M APR DRG grouper into the MMIS includes the use of the 3M GPS. However, 3M offers additional products to integrate or access the APR DRG grouper. The use and integration of these products may differ from the MMIS solution.

### **4.2. GPS Version**

HPE updates the GPS version based on the 3M release schedule, which includes quarterly and intermittent releases. HPE will continue with this update process for APR DRG. The 3M release schedule is currently projected out one month so the exact GPS version number is unknown at this time. The State will provide the GPS version when known.

### **4.3. APR DRG Version**

For the APR DRG implementation, and for calendar 2017, the MMIS will use grouper version 33. This version of the grouper was effective on 10/01/2015. The MMIS will utilize an ICD-10 crosswalk to process new codes effective on 10/01/2016. The crosswalk maps new ICD-10 codes available in version 34, to the prior codes available in version 33 for use in grouping.



## 4.4. GPS Configuration

The GPS is configured in the MMIS as follows:

### APR DRG Schedule

Schedule - Copy

User key1:  
Begin date:  
Description:  
Modified date:

INPAT  
01/01/2017  
APR DRG: 2017 WI INPAT TEMP SCHEDULE  
10/24/2016

User key2:  
End date:

TEMP2017  
12/31/2299

What's This?  
Print  
Clear  
Cancel  
Save  
Save as...

Grouper version:  
PPC version:  
HAC version:  
Payer Logic Indicator:  
Birth weight option:  
Discharge DRG option:  
Keyed by:  
Entered code mapping:  
Mapping type:  
Reimbursement scheme:

APR DRG Grouper version 33.0 (10/01/2015)  
None  
HAC Version 33.0 for Medicaid (10/01/2015)  
None (Standard 3M APR DRG)  
Entered weight only  
Compute excluding only non-POA Complication of Care codes  
Discharge date  
ICD-10-CM/PCS Version 34.0 effective 10/01/2016  
Historical  
Wisconsin Medicaid - APR

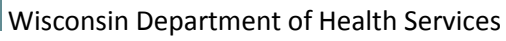
☐ Statistics only

HAC Settings  
Hospital Values  
Statistics  
Details

Additional HAC categories to be suppressed during HAC-adjusted grouping

☐ All HACs

HAC Categories to Suppress



HAC Settings

Hospital Values

Statistics

Details

Additional HAC categories to be suppressed during HAC-adjusted grouping

☐ All HACs

HAC Categories to Suppress

HAC Settings	Hospital Values	Statistics	Details
Hospital DRG Rate:	<input type="text"/>	Cost to charge ratio:	<input type="text"/>
Variable Cost Factor 1:	<input type="text"/>	Variable Cost Factor 2:	<input type="text"/>
Outlier Trim Point:	<input type="text"/>	Provider Adjuster:	<input type="text" value="1.0000"/>
Access payment:	<input type="text"/>	P4P adjustment:	<input type="text"/>
User-defined adjustment factor:	<input type="text" value="1.00000"/>		



## Statistics

HAC Settings

Hospital Values

Statistics

Details

Cost weights and trims: 

Effective 10/01/2015

## Details

HAC Settings

Hospital Values

Statistics

Details

DRG	SOI	Weight	ALOS	Age Adjuster	Service Line Adjuster
1	1	6.6674	7.59	1.0000	1.0000
1	2	7.2982	8.15	1.0000	1.0000
1	3	9.0947	11.88	1.0000	1.0000
1	4	17.7526	28.65	1.0000	1.0000
2	1	9.0557	9.36	1.0000	1.0000
2	2	10.0846	13.05	1.0000	1.0000
2	3	13.0086	21.04	1.0000	1.0000
2	4	21.2277	35.15	1.0000	1.0000
3	1	4.6121	16.44	1.0000	1.0000
3	2	6.4124	22.39	1.0000	1.0000
3	3	10.5431	32.46	1.0000	1.0000
3	4	20.0119	49.40	1.0000	1.0000
4	1	6.5868	19.77	1.0000	1.0000
4	2	7.3188	20.00	1.0000	1.0000

### 4.5. Schedule APIs

The Schedule APIs include methods to Lookup a schedule, Read-In values for processing, and Read-Out values for use. The following tables are a subset of the 3M Schedule spreadsheet available through the 3M GPS Library on the 3M site.

**4.5.1. Schedule Lookup APIs**

Scheme	Field Name	API Field Name (GPS only)	Description	Enum Values
<b>All Groupers</b>	User key1	Sched_UserKey1	Primary key (name) used by the software to identify the schedule used for processing. A value is required in this field. Both alphanumeric and special characters allowed. You can have multiple schedules with identical user keys if the effective dates do not overlap.	0
<b>All Groupers</b>	User key2	Sched_UserKey2	<p>Secondary key (name) used by the software to identify the schedule used for processing. A value is not required for this field. Both alphanumeric and special characters allowed. You can have multiple schedules with identical user keys if the effective dates do not overlap. For Pricer Tables software, the following Contract Number populate User Key2.</p> <p>9903 - New York Inpatient Workers' Comp with Surcharge &amp; Additional Surcharge</p> <p>9905 - New York Inpatient Workers' Comp with Surcharge &amp; Additional Surcharge</p> <p>9906 - New York Inpatient Care with Surcharge Percent</p> <p>9907 - - New York Inpatient Care with Surcharge Percent</p> <p>9908 - New York Inpatient Workers' Comp with Surcharge &amp; without Additional Surcharge</p> <p>9909 - New York Inpatient No-Fault with Surcharge &amp; without Additional Surcharge</p> <p>9910 - New York Inpatient Workers' Comp without Surcharge &amp; without Additional Surcharge</p> <p>9911 - New York Inpatient No-Fault without Surcharge &amp; without Additional Surcharge</p> <p>9912 - New York Inpatient Managed Care without Surcharge Percent</p> <p>9913 - New York Inpatient Medicaid without Surcharge</p> <p>9950 - Medicare Inpatient</p> <p>9951 - Medicare Inpatient Psychiatric Facility</p>	1





			9952 - Medicare Long Term Care Hospital 9970 - Medicare Outpatient 9971 - Medicare End Stage Renal Disease 9920 - New York Outpatient 9960 - Tricare Outpatient 9973 - Medicare FQHC 9980 - Medicare Physician	
<b>All Groupers</b>	Lookup Date	Sched_LookupDate	Any date can be entered. The process type procLookupDate compares this field's date to the Sched_FromDate and Sched_ToDate in a rate schedule to locate a record.	75
<b>All Groupers</b>	Admit Date	Sched_AdmitDate	Date of patient admittance used to look up schedules that are keyed by admit date.	76
<b>All Groupers</b>	Discharge Date	Sched_DischargeDate	Date of patient discharge used to look up schedules that are keyed by discharge date.	77

#### 4.5.2. Schedule Data Elements to Read-In

<b>Scheme</b>	<b>Field Name</b>	<b>API Field Name (GPS only)</b>	<b>Description</b>	<b>Enum Values</b>
<b>Inpatient Payment Calculation Toolkit</b>	DRG base rate	SchedIpct_DrgBaseRate	The dollar amount reflecting the amount paid per claim before considering the DRG, when using the DRG formulas. This variable can be blank or zero.	3600
<b>Inpatient Payment Calculation Toolkit</b>	Reduction factor 1	SchedIpct_ReductionFactor1	Decimal representation of the percent to adjust the total charges to cost dollars for the cost outlier calculation. Sometimes called the cost-to-charge ratio.	3603
<b>Inpatient Payment Calculation Toolkit</b>	Reduction factor 2	SchedIpct_ReductionFactor2	Decimal representation of the percent to reduce the reimbursement for a cost outlier calculation. Sometimes called the marginal cost factor.	3604

Additional fields requested to be Read-In to the Schedule API:

<b>Field Name</b>	<b>Description</b>
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<b>Provider Adjuster</b>	One of three adjusters to potentially be used in the DRG Base Amount calculation. Associated to the provider record.
<b>Outlier Trim Point</b>	The provider-specific Outlier Trim Point to be used in the DRG Outlier calculation.

#### 4.5.3. Schedule Data Elements to Read-Out

Scheme	Field Name	API Field Name (GPS only)	Description	Enum Values
<b>All Groupers</b>	Grouper version	Sched_GrouperVersion	The grouper version associated with the rate schedules. The list of available versions depends on what is licensed and installed. To create a schedule for reimbursement only, select "None" for the grouper version.	6
<b>All Groupers</b>	Grouper type	Sched_GrouperType	The grouper type associated with the rate schedules. The list of available types depends on what is licensed and installed.	6
<b>All Inpatient Groupers</b>	Entered code mapping	SchedIpGrp_MapDate	Identifies the version of ICD-9-CM or ICD-10-CM/PCS that will be used to enter diagnoses and procedures on the patient record. If mapping is not going to be used, select None.	7
<b>All Inpatient Groupers</b>	Mapping type	SchedIpGrp_MapType	<p>Determines how code mapping will be handled. Default setting is Historical. Since Mapping Type is a grouper input and groupers do not interact directly with the schedules, you must use this field with GetData to read Sched_MapType from the schedule and pass it into the grouper via its PutData API.</p> <p>Historical mapping: Maps a new ICD code to an older ICD code that would cause the patient to be assigned to the same DRG as they would have if there had been no change to ICD code. It is usually used in DRG payment applications in which payment weights, established using</p>	13



			<p>older data, cannot reflect the new ICD codes.</p> <p>Logical mapping: Maps a new ICD code to the DRG that is clinically most appropriate. It provides the most accurate DRG assignment and should be used whenever there is no concern related to the use of payment weights that were developed using historical data.</p> <p>Note: Logical mapping should always be used with PPCs.</p>	
<b>All Groupers</b>	Reimbursement scheme	Sched_ReimbursementType	Identifies the reimbursement scheme associated with the schedule. To use a schedule without calculating reimbursement, select "None." The list of available schemes depends on what you have licensed and installed.	4



#### 4.6. Grouper APIs

The Grouper APIs include methods to Read-In values for processing and Read-Out values for use and storage. Inputs values are sourced from the claims, schedule, and the MMIS. The following tables are a subset of the 3M GPS Inputs and Outputs spreadsheet available through the 3M GPS Library on the 3M site.

##### 4.6.1. Grouper Input APIs

Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Admit Diagnosis Code	AprIn_AdmitDiagnosis	Chief or primary complaint of the patient at admission. Code submitted without decimal.		3	N	Claim			
All Patient Refined (APR)	Agency Indicator	AprIn_AgencyIndicator	Identifies the type of HAC logic to be applied to the record.	1 - Medicare 2 - Medicaid 3 - Wellmark BCBS 4 - Pennsylvania Medicaid 6 - Indiana Medicaid 7 - Mississippi Medicaid 9 - Massachusetts Medicaid 10 - California Medicaid 13 - Connecticut Medicaid	29	Y	iC			Agency Indicator = 2
All Patient Refined (APR)	Age in Days at Admission	AprIn_AgeInDays	Age in days when the patient was admitted, as entered on the record.	0-366	11	Y	iC			Required for newborns



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Age in Days on Discharge	AprIn_DischargeAgeInDays	Age in days when the patient was discharged, as entered on the record.	0-45291	12	Y	iC			Required for newborns
All Patient Refined (APR)	Age in Years	AprIn_AgeInYears	Entered age in years.	0-124	1	Y	iC			Required for newborns
All Patient Refined (APR)	Birth Weight	AprIn_BirthWeight	Birth weight (in grams)	200-7000 150-9000	13	Y	iC			Used in conjunction with the Birth Weight Option Selected.  Value Code 54 = Birth Weight  Required for newborns <= 14 days



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Birth Weight Option Selected	AprIn_BirthWeightOptionSelected	Identifies the birth weight option selected for the schedule that is used to process the patient record.	1 - Entered in the birth weight field only 2 - Coded with diagnosis only 3 - Entered or coded 4 - Entered or coded with cross-check 5 - Coded only, default available 6 - Entered or coded, default available 7 - Entered or coded with cross-check, default available	14	Y	Sched			Birth Weight Option Selected = 1.
<b>All Patient Refined (APR)</b>	Days on Mechanical Ventilation	AprIn_DaysOnMechanicalVentilation	Number of hours patient utilized mechanical ventilation, represented as days.	0-999	15	N	iC			WI currently uses ICD procedure codes so this field not required
<b>All Patient Refined (APR)</b>	Days on Mechanical Ventilation Days After Admission	AprIn_DMVDaysAfterAdmission	Number of days after admission that mechanical ventilation started (date mechanical ventilation started minus admission date).	0-999	50	N	iC			Required if Days on Mechanical Ventilation is used.



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Discharge Date	AprIn_DischargeDate	Date patient was discharged from the hospital.		101	Y	Claim			
<b>All Patient Refined (APR)</b>	Discharge Days after Admission	AprIn_DischargeDaysAfterAdmission	The number of days after admission on which the discharge occurred. Similar to length of stay (LOS) except when the admission date and the discharge date are the same, LOS is 1, but DDAA will be 0.		51	N	iC			
<b>All Patient Refined (APR)</b>	Discharge APR DRG Option	AprIn_DischargeDrgeOption	Provides the ability to compute the Discharge APR DRG, SOI and ROM with or without admit APR DRG logic.	0 - Compute excluding only non-POA Complication of Care codes 1 - Compute excluding all Complication of Care codes	28	Y	Sched			Discharge DRG Option = 0



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Discharge Status	AprIn_DischargeStatus	A two-digit code that identifies where the patient is at the conclusion of a health care facility encounter or at the end of a billing cycle.	01 - Home - Self-care (Routine) 02 - Short Term Hospital 03 - SNF 04 - Custodial/ supportive care 05 - Cancer/children's hospital 06 - Home Health Service 07 - Left Against Medical Advice 08 - Home IV Service 20 - Died 21 - Court /Law Enforcement 30 - Still a Patient 43 - Federal Hospital 50 - Hospice - Home 51 - Hospice - Medical Facility 61 - Swing Bed 62 - Rehab Facility/ Rehab Unit 63 - Long Term Care Hospital 64 - Nursing Facility - Medicaid Certified 65 - Psych Hosp/Unit 66 - Critical Access Hospital 69 - Designated Disaster	0	Y	Claim			





Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
				Alternative Care Site 70 - Oth Institution 71 - OP Services- other facility 72 - OP Services- this facility 81 - Home-Self care w Planned Readmission 82 - Short Term Hospital w Planned Readmission 83 - SNF w Planned Readmission 84 - Cust/supp care w Planned Readmission 85 - Canc/child hosp w Planned Readmission 86 - Home Health Service w Planned Readmission 87 - Court/law enfrc w Planned Readmission 88 - Federal Hospital w Planned Readmission 89 - Swing Bed w Planned Readmission 90 - Rehab Facility/ Unit w Planned Readmission 91 - LTCH w Planned Readmission 92 - Nursg Fac-Medicaid Cert w Planned Readmission 93 - Psych Hosp/Unit w						



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
				Planned Readmission 94 - Crit Acc Hosp w Planned Readmission 95 - Oth Institution w Planned Readmission						



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Enable Suggested Principal Procedure	AprIn_EnableSuggestedPrincipalProcedure	Indicates whether or not the output field Suggested Principal Procedure will return the suggested code.	0 - Disabled 1 - Enabled	43	N	iC			
<b>All Patient Refined (APR)</b>	External Cause of Injury Diagnosis Code	AprIn_ExternalCauseOfInjuryDiagnosis	Commonly called E-codes when processing with ICD-9 codes or external cause codes when processing with ICD-10 codes, these diagnosis codes are used to define the mechanism of death or injury, along with place of occurrence of the event. (FL72)		41	N	Claim			
<b>All Patient Refined (APR)</b>	External Cause of Injury Diagnosis Present on Admission	AprIn_ExternalCauseOfInjuryDiagnosisPOA	This field is used to identify whether a patient entered the hospital with this diagnosis or not.	Y - Yes N - No U - No information in the record W - Clinically undetermined blank character - Exempt from POA reporting/ Unreported/ Not Used 1 - Exempt from POA reporting/ Unreported/ Not Used E - Exempt from POA reporting/ Unreported/ Not	42	N	Claim			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
				Used						
<b>All Patient Refined (APR)</b>	Grouper Version	AprIn_GrouperVersion	Identifies the grouper version to be used for processing.	For a list of valid values, please access the GrouperReimbursement.xlsx . In the Grouper column, filter on APR DRG. You can further refine by also selecting the Reimbursement Scheme you are using.	7	Y	Sched			
<b>All Patient Refined (APR)</b>	Grouper Version Date	AprIn_GrouperVersionDate	Date submitted for Grouper Version look-up		25	N	iC			Not needed if Grouper Version is used.



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	HAC Version	AprIn_HacVersion	The version of Hospital Acquired Conditions (HAC) logic to be used with this record, for HAC Adjusted grouping.	For a list of valid values, please access the GrouperReimbursement.xlsx . In the Grouper column, filter on APR DRG Grouper. Submit a 3 digit value e.g., 290 for v29.0	30	Y	Sched			
All Patient Refined (APR)	ICD Version Qualifier	AprIn_ICDVersionQualifier	Used to specify whether the code set submitted is ICD-9 or ICD-10.	0 - ICD-10 9 - ICD-9	99	Y	iC			Default to "0"
All Patient Refined (APR)	Length of Stay	AprIn_LengthOfStay	Length of time patient was hospitalized.		19	Y	iC	Y	Y	Transfer policy document



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Mapping Date	AprIn_MappingDate	The effective date of the version of ICD-CM procedure and diagnosis codes being processed; it is used for code mapping.	10012015: ICD-10-CM/PCS ver. 33.0 10012014: ICD-9-CM or ICD-10-CM/PCS ver. 32.0 10012013: ICD-9-CM ver. 31.0 10012012: ICD-9-CM ver. 30.0 10012011: ICD-9-CM ver. 29.0 10012010: ICD-9-CM ver. 28.0 10012009: ICD-9-CM ver. 27.0 10012008: ICD-9-CM ver. 26.0 10012007: ICD-9-CM ver. 25.0 10012006: ICD-9-CM ver. 24.0 10012005: ICD-9-CM ver. 23.0 10012004: ICD-9-CM ver. 22.0 10012003: ICD-9-CM ver. 21.0 10012002: ICD-9-CM ver. 20.0 10012001: ICD-9-CM ver. 19.0	8	Y	Sched			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
				10012000: ICD-9-CM ver. 18.0 10011999: ICD-9-CM ver. 17.0 10011998: ICD-9-CM ver. 16.0 10011997: ICD-9-CM ver. 15.0 10011996: ICD-9-CM ver. 14.0 10011995: ICD-9-CM ver. 13.0 10011994: ICD-9-CM ver. 12.0 10011993: ICD-9-CM ver. 11.0 10011992: ICD-9-CM ver. 10.0 10011991: ICD-9-CM ver. 9.0 10011990: ICD-9-CM ver. 8.0						



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Payer Logic Indicator	AprIn_PayerLogicIndicator	Identifies the type of payer logic to be applied during 3M APR DRG grouping.	0 - None (standard 3M APR DRG) 1 - Ohio Medicaid	77	Y	Sched			Payer Logic Indicator = 0
<b>All Patient Refined (APR)</b>	Principal Diagnosis Code	AprIn_PrincipalDiagnosis	The condition established after review to be chiefly responsible for causing the admission of the patient to the hospital for care. Code submitted without decimal.		4	Y	Claim			
<b>All Patient Refined (APR)</b>	Principal Diagnosis Present on Admission	AprIn_PrincipalDiagnosisPOA	This field is used to identify whether a patient entered the hospital with this diagnosis or not.	Y - Yes N - No U - No information in the record W - Clinically undetermined blank character - Exempt from POA reporting/ Unreported/ Not Used 1 - Exempt from POA reporting/ Unreported/ Not Used E - Exempt from POA reporting/ Unreported/ Not Used	97	Y	Claim			





Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Procedure Codes	AprIn_Procedure	Codes that represent the services rendered during the hospital stay. Codes submitted without decimal.		6	Y	Claim			
All Patient Refined (APR)	Procedure Days After Admission	AprIn_ProcedureDaysAfterAdmission	The number of days, after admission, that the procedure took place.	-3 through 3000	52	N	iC			
All Patient Refined (APR)	Reorder	AprIn_Reorder	Flag identifying whether to re-order secondary diagnosis codes and/or procedure codes based clinical significance.	0 - Don't Reorder 1 - Reorder secondary diagnosis codes and all procedure codes 2 - Reorder secondary diagnosis codes and procedure codes, excluding first procedure code input	10	Y	iC			Reorder = 0
All Patient Refined (APR)	Secondary Diagnosis Code	AprIn_SecondaryDiagnosis	All conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Code submitted without decimal.		5	Y	Claim			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Secondary Diagnosis Present on Admission	AprIn_SecondaryDiagnosisPOA	This field is used to identify whether a patient entered the hospital with this diagnosis or not.	Y - Yes N - No U - No information in the record W - Clinically undetermined blank character - Exempt from POA reporting/ Unreported/ Not Used 1 - Exempt from POA reporting/ Unreported/ Not Used E - Exempt from POA reporting/ Unreported/ Not Used	98	Y	Claim			
All Patient Refined (APR)	Sex	AprIn_Sex	Patient's sex.	1 - Male 2 - Female	2	Y	iC			
All Patient Refined (APR)	Suppress HAC Categories	AprIn_SuppressHacs	A comma-separated list of Hospital Acquired Conditions (HACs) categories whose codes will not be flagged as HACs during grouping, and therefore will be included in HAC-adjusted grouping assignments.	The full list of HACs is found in DiagnosisHacCategory field.  ALL = Suppresses all HAC categories	70	N	iC			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Type of Mapping	AprIn_MappingType	The type of mapping logic to be used when code mapping occurs.	1 - Historical 2 - Logical	9	Y	Sched			Mapping Type = 1

#### 4.6.2. Grouper Output APIs

Scheme	Field Name	API	Description	Valid Values	Enum	Use API?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Admit Diagnosis Code Edits	AprOut_AdmitDiagnosisEdits	Edits returned by the editor related to the Admitting Diagnosis.	01 - Invalid Diagnosis Code	5015	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Admit Diagnosis Code Used	AprOut_UsedAdmitDiagnosis	Admit diagnosis code used by grouper.		5001	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Admit Diagnosis Code used during HAC Adjusted DRG Processing	AprOut_UsedHacAdmitDiagnosis	The admit diagnosis code returned in this field is the one that was used during HAC Adjusted DRG processing, based on the HAC version submitted.		5421	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Birth Weight Option Used	AprOut_BirthWeightOptionUsed	Identifies the birth weight data method used on the patient record.	0 - Birth weight not used by grouper or birth weight not determinable from entered birth weight or diagnosis codes. 1 - Birth weight obtained from entered birth weight 2 - Birth weight obtained from diagnosis codes 3 - Birth weight set to Normal (> 2499 grams)	5020	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Days on Mechanical Ventilation Used	AprOut_DaysOnMechanicalVentilationOptionUsed	Identifies the mechanical ventilation days method used on the patient record.	3 - Entered 5 - ICD procedure code 6 - No DMV present	5037	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Affect DRG Flag	AprOut_DiagnosisAffectDr gFlag	Flag identifying how the diagnosis affected DRG assignment.	<p>Effective for Grouper Version 25.1 - present: 0 - Diagnosis did not affect any DRG assignment evaluated 1 - Diagnosis affected the discharge DRG assignment only. 2 - Diagnosis affected the admit DRG assignment only. 3 - Diagnosis affected both admit and discharge DRG assignment</p> <p>Effective for Grouper Versions prior to 25.1: 0 - Diagnosis did not affect DRG assignment 1 - Diagnosis affected DRG assignment Blank - diagnosis not recognized</p>	5046	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Affect DRG Flag following HAC Adjusted DRG Processing	AprOut_DiagnosisAffectHacAdjustedDr gFlag	Flag identifying how the diagnosis affected DRG assignment following Hospital Acquired Condition (HAC) Adjusted DRG processing.	0 - Diagnosis did not affect HAC Adjusted DRG 1 - Diagnosis affects HAC Adjusted DRG Blank - Diagnosis is not recognized or indicates code is identified as a HAC so excluded from HAC Adjusted processing	5449	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Diagnosis Affect Risk of Mortality (ROM) Flag	AprOut_DiagnosisAffectROMFlag	Flag identifying how the diagnosis affected ROM	0 - Diagnosis did not affect ROM 1 - Diagnosis affects discharge ROM only 2 - Diagnosis affects admit ROM only 3 - Affects both discharge and admit ROM	5043	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Diagnosis Affect Risk of Mortality (ROM) Flag following HAC Adjusted DRG Processing	AprOut_DiagnosisAffectHacAdjustedROMFlag	Flag identifying how the diagnosis affected the Hospital Acquired Condition (HAC) Adjusted Risk of Mortality (ROM) assignment.	0 - Diagnosis did not affect HAC Adjusted ROM 1 - Diagnosis affects HAC Adjusted ROM Blank - Diagnosis is not recognized or indicates code is identified as a HAC so excluded from HAC Adjusted processing.	5447	Y	Grouper	Y	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Affected HAC Assignment	AprOut_DiagnosisAffectHacAssignment	Flag to indicate if the code affected the HAC Category's assignment.	0 - Diagnosis did not affect HAC assignment 1 - Diagnosis affected HAC assignment	5464	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Diagnosis Affect Severity of Illness (SOI) Flag	AprOut_DiagnosisAffectSOIFlag	Flag identifying how the diagnosis affected SOI assignment.	0 - Diagnosis did not affect SOI 1 - Diagnosis affects discharge SOI only 2 - Diagnosis affects admit SOI only 3 - Affects both discharge and admit SOI	5042	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Diagnosis Affect Severity of Illness (SOI) Flag following HAC Adjusted DRG Processing	AprOut_DiagnosisAffectHacAdjustedSOIFlag	Flag identifying how the diagnosis affected Hospital Acquired Condition (HAC) Adjusted Severity of Illness (SOI) assignment	0 - Diagnosis did not affect HAC Adjusted SOI 1 - Diagnosis affects HAC Adjusted SOI	5441	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Excluded from HAC Adjusted Grouping	AprOut_DiagnosisExcludedFromHacAdjustedGrouping	Flag which identifies the Secondary or External Cause of Injury Diagnosis codes that are to be excluded from HAC Adjusted grouping.	0 - Code is not excluded from HAC-Adjusted grouping 1 - Code is excluded from HAC-Adjusted grouping	5466	N	Grouper	N	N	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis HAC Category	AprOut_DiagnosisHacCategory	Indicates the Hospital Acquired Condition (HAC) category each diagnosis is assigned to.	00 - Criteria to be assigned as an HAC not met 01 - Foreign Object Retained After Surgery 02 - Air Embolism 03 - Blood Incompatibility 04 - Pressure Ulcers 05 - Falls and Trauma 06 - Catheter Associated UTI 07 - Vascular Catheter-Associated Infection 08 - Infection after CABG 09 - Manifestations of poor glycemic control 10 - DVT/PE after knee or hip replacement 11 - Infection after bariatric surgery 12 - Infection after certain orthopedic procedures of spine, shoulder and elbow 13 - Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures 14 - Iatrogenic pneumothorax w/ venous catheterization 99 - Never Events Blank - Diagnosis was not considered by the grouper	5461	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis HAC Usage	AprOut_DiagnosisHacUsage	Indicates if the diagnosis code and POA value combination were used in grouper processing.	0 - Diagnosis not on HAC list, not applicable 1 - Diagnosis on HAC list and HAC criteria met 2 - Diagnosis on HAC list and HAC criteria not met 3 - Diagnosis on HAC list, but HAC not applicable due to principal/secondary diagnosis exclusion 4 - HAC not applicable, hospital is exempt from POA reporting Blank - Diagnosis was not considered by the grouper.	5467	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Diagnosis Indicates Hospital Acquired Condition (HAC)	AprOut_DiagnosisHacIndicator	Indicates if the code was identified as a HAC.	0 - Not a HAC 1 - Code meets the HAC criteria	5462	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis POA Error Code	AprOut_DiagnosisPoaErrorCode	Indicates how the Present On Admission (POA) values submitted impacted grouper logic.	0 - POA not checked 1 - POA not recognized; not considered POA 2 - POA not recognized; considered POA 3 - POA recognized; not considered POA 4 - POA recognized; considered POA	5460	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Diagnosis Risk of Mortality (ROM) Level at Admission	AprOut_DiagnosisAdmitRiskOfMortalityLevel	The ROM Level of the code based on admission data.	0 - No class specified or Admit DRG not calculated 1 - Minor 2 - Moderate 3 - Major 4 - Extreme C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis was not recognized or ROM not evaluated	5051	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
All Patient Refined (APR)	Diagnosis Risk of Mortality (ROM) Level at Discharge	AprOut_DiagnosisRiskOfMortalityLevel	The ROM Level of the code based on discharge data.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis was not recognized or ROM not requested	5035	Y	Grouper	Y	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Risk of Mortality (ROM) Level at Discharge following HAC Adjusted Grouping Logic	AprOut_DiagnosisHacAdjustedRiskOfMortalityLevel	Diagnosis Risk of Mortality Level subclass assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme  C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis was not recognized, ROM not requested or indicates code is identified as a HAC so excluded from HAC Adjusted processing.	5446	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Diagnosis Sequence List	AprOut_SecondaryDiagnosisSequenceList	A comma separated list of valid values returned for the record. This list does not include the secondary diagnosis codes themselves, rather it returns a numerical list of values representing the codes (submitted and/or mapped).		5039	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Severity of Illness (SOI) Level at Admission	AprOut_DiagnosisAdmitSeverityOfIllnessLevel	The SOI Level of the code based on admission data.	0 - No class specified or Admit DRG not calculated 1 - Minor 2 - Moderate 3 - Major 4 - Extreme C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis was not recognized or SOI not evaluated	5050	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Severity of Illness (SOI) Level at Discharge	AprOut_DiagnosisSeverityOfIllnessLevel	Diagnosis Severity of Illness Level subclass assigned at discharge, calculated using the APR DRG grouper version submitted.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis was not recognized or SOI not evaluated	5033	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Diagnosis Severity of Illness (SOI) Level following HAC Adjusted Grouping Logic	AprOut_DiagnosisHacAdjustedSeverityOfIllnessLevel	Diagnosis Severity of Illness Level subclass assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme C - Excluded Complication of Care D - Duplicate SDX P - Indicates a program-designated PDX X - Excluded Blank - Diagnosis is not recognized or indicates code is identified as a HAC so excluded from HAC Adjusted processing.	5440	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Discharge Date Used	AprOut_DischargeDateUsed	Date either input during grouping or derived from data input during grouping.		5098	Y	Grouper	Y	Y	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Discharge Status Used	AprOut_DischargeStatusUsed	The discharge status code used in grouper processing.	01 - Home - Self-care (Routine) 02 - Short Term Hospital 03 - SNF 04 - Custodial/ supportive care 05 - Cancer/children's hospital 06 - Home Health Service 07 - Left Against Medical Advice 08 - Home IV Service 10 - Discharged/transferred to another hospital—neonate after care 13 - Discharged/transferred to another hospital—tertiary after care 20 - Died 21 - Court /Law Enforcement 22 - Neonate after care 23 - Tertiary after care 30 - Still a Patient 43 - Federal Hospital 50 - Hospice - Home 51 - Hospice - Medical Facility 61 - Swing Bed 62 - Rehab Facility/ Rehab Unit 63 - Long Term Care Hospital 64 - Nursing Facility - Medicaid Certified 65 - Psych Hosp/Unit 66 - Critical Access Hospital 69 - Designated Disaster Alternative Care Site 70 - Oth Institution 81 - Home-Self care w Planned Readmission	5088	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	DRG at Admission	AprOut_AdmitDrg	Diagnosis Related Group assigned at admission.	1-956	5052	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	DRG at Discharge	AprOut_Drg	Diagnosis Related Group assigned at discharge	000 - 999	5011	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	DRG following HAC Adjusted DRG Processing	AprOut_HacAdjustedDrg	Diagnosis Related Group (DRG) assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted. DRG is a three character code that represents the disease classification derived from the patient age, claim diagnosis and procedure codes as defined by the Diagnosis Related Group.	1-956	5430	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Formatted Grouper Version Used	AprOut_FormattedVersionUsed	Grouper Version either entered in the In_GrouperVersion field or derived from the date submitted in the In_GrouperVersionDate field.		5076	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	ICD Version Qualifier Used	AprOut_ICDVersionQualifierUsed	Indicates whether the code set used for processing was ICD-9 or ICD-10.	0 - ICD-10 9 - ICD-9	5075	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	ICD Version Qualifier Used For HAC Adjusted DRG Processing	AprOut_HACVersionQualifierUsed	Indicates whether the code set used for processing (based on the HAC version submitted) was ICD-9 or ICD-10.	0 - ICD-10 9 - ICD-9	5420	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Mapped Admit Diagnosis Code	AprOut_MappedAdmitDiagnosis	Mapped admitting diagnosis code.		5007	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Mapped Admit Diagnosis Code used in HAC Adjusted DRG Processing	AprOut_Map pedHacAdmit Diagnosis	The admitting diagnosis code returned in this field is the one that the entered code was mapped to, for use with the HAC version submitted.		5425	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Mapping Indicator	AprOut_Map pingIndicator	Indicates if mapping was called and if it occurred.	Blank - Mapping was not called 0 - Mapping was set but no codes mapped 1 - Mapping occurred	5000	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Mapped Principal Diagnosis Code	AprOut_Map pedPrincipal Diagnosis	Contains the principal diagnosis code that the entered code was mapped to. (see notes for more details)		5008	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Mapped Principal Diagnosis Code used in HAC Adjusted DRG Processing	AprOut_Map pedHacPrinci palDiagnosis	The principal diagnosis code returned in this field is the one that the entered code was mapped to, for use with the HAC Version submitted.		5426	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Mapped Procedure Codes	AprOut_MappedProcedure	Contains the procedure code that the entered code was mapped to. (see notes for more details)		5010	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Mapped Procedure Codes used in HAC Adjusted DRG Processing	AprOut_MappedHacProcedure	The procedure code returned in this field is the one that the entered code was mapped to, for use with the HAC version submitted.		5428	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Mapped Secondary Diagnosis Codes	AprOut_MappedSecondaryDiagnosis	Contains the secondary diagnosis code that the entered code in this occurrence was mapped to. (see notes for more details)		5009	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Mapped Secondary Diagnosis Codes used in HAC Adjusted DRG Processing	AprOut_MappedHacSecondaryDiagnosis	Contains the secondary diagnosis code that the entered code was mapped to using the HAC Version. (see notes for more details)		5427	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	MDC at Admission	AprOut_Adm itMdc	Major Diagnostic Category assigned at admission	1-25	5053	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	MDC at Discharge	AprOut_Mdc	Major Diagnostic Category	1-25	5012	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	MDC Following HAC Adjusted APR DRG Processing	AprOut_Hac AdjustedMdc	Major Diagnostic Category assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	1-25	5432	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Medical or Surgical DRG Flag at Admission	AprOut_Adm itMedicalSur gicalDrgFlag	Medical Surgical Flag assigned at admission.	0 - Not a medical or surgical DRG 1 - Medical DRG 2 - Surgical DRG	5054	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Medical or Surgical DRG Flag at Discharge	AprOut_MedicalSurgicalDr gFlag	Flag indicating if the DRG was medical, surgical or neither based on Discharge APR DRG processing logic.	0 - Not a medical or surgical DRG 1 - Medical DRG 2 - Surgical DRG	5036	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Medical or Surgical DRG Flag Following HAC Adjusted DRG Processing	AprOut_HacAdjustedMed icalSurgicalDr gFlag	Medical Surgical Flag assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	0 - Not a medical or surgical DRG 1 - Medical DRG 2 - Surgical DRG	5434	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Operating Room Flag	AprOut_Proc edureOperati ngRoomFlag	Flag indicating if the procedure code is associated to an Operating Room Procedure.	0 - Procedure Code is not an Operating Room code 1 - Procedure Code is an Operating Room code	5092	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Overall Claim Edits	AprOut_OverallClaimEdits	This field provides summary information for the claim based on all claim level edits.	0 - No errors 1 - Invalid age 2 - Invalid sex 3 - Both age and sex invalid 4 - Invalid discharge status 5 - Both discharge status and age invalid 6 - Both discharge status and sex invalid 7 - Invalid age, sex and discharge status	5019	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Payer Logic Indicator Used	AprOut_PayerLogicIndicatorUsed	Identifies the type of payer logic that was applied during 3M APR DRG grouping.	0 - None (standard 3M APR DRG) 1 - Ohio Medicaid	5077	Y	Grouper	Y	N	Only store/display if specific to WI (if value other than 0 or 1).
<b>All Patient Refined (APR)</b>	Pre/Post Payment Errors	AprOut_PrePostPaymentErrors	MCE pre-post payment errors	0 - No MCE errors 1 - Pre-payment errors were present 2 - Post-payment errors were present 3 - Both Pre and Post payment errors were present 4 - Invalid Date	5014	Y	Grouper	Y	Y	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Principal Diagnosis Code Edits	AprOut_PrincipalDiagnosis Edits	Edits applicable to the principal diagnosis code.	01 - Invalid code 02 - Sex conflict 04 - Age conflict 05 - E-code as principal diagnosis 06 - Non-specific principal diagnosis 07 - Manifestation as principal diagnosis 09 - Unacceptable principal diagnosis 10 - Secondary diagnosis required	5016	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Principal Diagnosis Code Used	AprOut_Used PrincipalDiagnosis	Principal diagnosis code used by grouper.		5002	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Principal Diagnosis Code used during HAC Adjusted DRG Processing	AprOut_Used HacPrincipal Diagnosis	The principal diagnosis code returned in this field is the one that was used during HAC Adjusted DRG processing, based on the HAC version submitted.		5422	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Principal Diagnosis Present on Admission Used	AprOut_Used PrincipalDiagnosisPOA	This field returns the Medicare approved POA value used by the APR DRG Grouper to group the record.	Y - Yes N - No U - No information in the record W - Clinically undetermined 1 - Exempt from POA reporting/ Unreported/ Not Used "Blank" - Exempt from POA Reporting/Unreported/Not used	5056	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Procedure Affect DRG Flag	AprOut_ProcedureAffectDRGFlag	Flag identifying how the procedure affected DRG assignment.	0 - Procedure did not affect any DRG assignment evaluated 1 - Procedure affected the discharge DRG assignment only 2 - Procedure affected the admit DRG assignment only 3 - Procedure affected both admit and discharge DRG assignment Blank - Procedure not recognized	5047	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Affect DRG Flag using HAC Adjusted DRG Processing	AprOut_ProcedureAffectHacAdjustedDr gFlag	Flag identifying how the procedure codes affected DRG assignment following Hospital Acquired Condition (HAC) Adjusted DRG processing.	0 - Procedure did not affect DRG 1 - Procedure affects HAC-adjusted DRG Blank - Procedure was not recognized, DRG not evaluated or indicates code is identified as a HAC so excluded from HAC Adjusted processing.	5450	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Procedure Affect HAC Assignment	AprOut_ProcedureAffectHacAssignmen t	Flag to indicate if the procedure code affected the HAC Category's assignment.	0 - Procedure did not affect HAC assignment 1 - Procedure affects HAC assignment	5465	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Procedure Affect Risk of Mortality (ROM) Flag	AprOut_ProcedureAffectROMFlag	Flag identifying how the procedure affected ROM assignment.	0 - Procedure did not affect any ROM assignment 1 - Procedure affected the discharge ROM assignment only 2 - Procedure affected the admit ROM assignment only 3 - Procedure affected both admit and discharge ROM assignment Blank - procedure not recognized	5045	Y	Grouper	Y	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Affect Risk of Mortality (ROM) Flag using HAC Adjusted DRG Processing	AprOut_ProcedureAffectHacAdjustedRomFlag	Flag identifying how the procedure affected ROM assignment following Hospital Acquired Condition (HAC) Adjusted DRG processing.	0 - Procedure did not affect ROM 1 - Procedure affects HAC-adjusted ROM Blank - Procedure was not recognized, ROM not evaluated or indicates code is identified as a HAC so excluded from HAC Adjusted processing.	5448	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Procedure Affect Severity of Illness (SOI) Flag	AprOut_ProcedureAffectSOIFlag	Flag identifying how the procedure affected SOI assignment using the APR DRG grouper version submitted.	0 - Procedure did not affect any SOI assignment 1 - Procedure affected the discharge SOI assignment only 2 - Procedure affected the admit SOI assignment only 3 - Procedure affected both admit and discharge SOI assignment Blank - procedure not recognized	5044	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Affect Severity of Illness (SOI) Flag using HAC Adjusted DRG Processing	AprOut_ProcedureAffectHacAdjustedSoiFlag	Flag identifying how the procedure affected SOI assignment during Hospital Acquired Condition (HAC) adjusted DRG processing.	0 - Procedure did not affect SOI 1 - Procedure affects HAC-adjusted SOI Blank - Procedure was not recognized or SOI not evaluated	5442	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Procedure Code Edits	AprOut_ProcedureEdits	Edits applicable to the ICD procedure code.	01 - Invalid code 02 - Sex conflict 21 - Non-specific OR procedure 22 - Open biopsy check 24 - Bilateral procedure 40 - Procedure inconsistent with Length of Stay	5018	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Procedure Codes Used	AprOut_Used Procedure	Procedure codes used during grouping		5004	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Procedure Codes Used Count	AprOut_ProceduresUsedCount	Number of procedure codes used for grouping up until first blank code.		5006	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Codes used during HAC Adjusted DRG Processing	AprOut_UsedHacProcedure	The procedure code returned in this field is the one that was used during HAC Adjusted DRG processing, based on the HAC version submitted.		5424	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Procedure Excluded From Grouping	AprOut_ProcedureExcludedFromGrouping	Indicates whether or not the code was excluded from grouping based on payer logic.	0 - Not excluded from grouping 1 - Excluded from grouping based on payer logic 2 - Excluded from HAC-Adjusted grouping based on payer logic 3 - Excluded from grouping and HAC-Adjusted grouping based on payer logic	5078	N	Grouper	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Hospital Acquired Condition (HAC) Usage	AprOut_ProcedureHacUsage	Indicates if the procedure code was used in satisfying a HAC category.	0 - Code not used to satisfy a HAC. 1 - Code used to satisfy HAC Category 08: Infection after CABG 2 - Code used to satisfy HAC Category 10: DVT/PE after knee or hip replacement 3 - Code used to satisfy HAC Category 11: Infection after bariatric surgery 4 - Code used to satisfy HAC Category 12: Infection after certain orthopedic procedures of spine, shoulder and elbow 5 - Code used to satisfy HAC Category 13: Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures 6 - Code used to satisfy HAC Category 14: Iatrogenic pneumothorax w/ venous catheterization Blank - Procedure was not considered for HAC processing.	5463	Y	Grouped	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Procedure Sequence List	AprOut_ProcedureSequenceList	This is a comma separated list of valid values returned for the record. This list does not include the procedure codes themselves, rather it returns a numerical list of values representing the codes (submitted and/or mapped).		5041	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Return Code at Admission	AprOut_AdmitReturnCode	Return code applicable to Admit APRs.	00 - No errors, DRG assigned 01 - Diagnosis code cannot be used as principal diagnosis 02 - Record does not meet criteria for any DRG 03 - Invalid age in years or admission age in days 04 - Invalid sex 05 - Invalid discharge status 06 - Invalid birth weight 09 - Invalid discharge age in days 11 - Invalid principal diagnosis 12 - Gestational age/birth weight conflict	5055	N	Grouper	N	N	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Return Code at Discharge	AprOut_ReturnCode	Return code for DRG assignment.	00 - No errors, DRG assigned 01 - Diagnosis code cannot be used as principal diagnosis 02 - Record does not meet criteria for any DRG 03 - Invalid age in years or admission age in days 04 - Invalid sex 05 - Invalid discharge status 06 - Invalid birth weight 09 - Invalid discharge age in days 11 - Invalid principal diagnosis 12 - Gestational age/birth weight conflict	5013	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Return Code Following Discharge Status Mapping	AprOut_DischargeStatusReturnCode	Return code following discharge status mapping.	00 - OK. Discharge Status successfully mapped. 03 - Invalid discharge status based on the mapping date provided 04 - No Mapping available for this discharge status based on mapping date provided	5089	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Return Code Following HAC Adjusted DRG Processing	AprOut_Hac AdjustedReturnCode	Return code assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	00 - No errors, DRG assigned 01 - Diagnosis code cannot be used as principal diagnosis 02 - Record does not meet criteria for any DRG 03 - Invalid age in years or admission age in days 04 - Invalid sex 05 - Invalid discharge status 06 - Invalid birth weight 09 - Invalid discharge age in days 11 - Invalid principal diagnosis 12 - Gestational age/birth weight conflict	5436	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Risk of Mortality at Admission	AprOut_AdmitRiskOfMortality	Risk of Mortality assigned at admission	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5049	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Risk of Mortality at Discharge	AprOut_RiskOfMortality	Risk of Mortality at discharge	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5034	Y	Grouper	Y	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Risk of Mortality Following HAC Adjusted APR DRG Processing	AprOut_HacAdjustedRiskOfMortality	Risk of Mortality value assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5445	Y	Grouper	Y	N	
<b>All Patient Refined (APR)</b>	Secondary Diagnosis Code Edits	AprOut_SecondaryDiagnosisEdits	Edits returned by the editor related to the Secondary Diagnosis.	01 - Invalid code 02 - Sex conflict 03 - Duplicate of Principal Diagnosis 04 - Age conflict	5017	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Secondary Diagnosis Codes Used	AprOut_UsedSecondaryDiagnosis	Secondary diagnosis codes used by grouper.		5003	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Secondary Diagnosis Codes used during HAC Adjusted DRG	AprOut_UsedHacSecondaryDiagnosis	The secondary diagnosis code(s) returned in this field is the one that was used during HAC Adjusted DRG processing, based on the HAC version submitted.		5423	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
	Processing									
<b>All Patient Refined (APR)</b>	Secondary Diagnosis Present on Admission Used	AprOut_UsedSecondaryDiagnosisPOA	This field returns the Medicare approved POA value used by the APR DRG Grouper to group the record.	Y - Yes N - No U - No information in the record W - Clinically undetermined 1 - Exempt from POA reporting/ Unreported/ Not Used "Blank" - Exempt from POA Reporting/Unreported/Not used	5057	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Secondary Diagnosis Codes Used Count	AprOut_SecondaryDiagnosesUsedCount	Number of secondary diagnosis codes used for grouping up until the first blank code.		5005	Y	Grouper	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API ?	Source	Store	Display	WI Comment
<b>All Patient Refined (APR)</b>	Severity of Illness (SOI) at Admission	AprOut_AdmitSeverityOfIllness	Severity of Illness subclass assigned at admission	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5048	N	Grouper	N	N	
<b>All Patient Refined (APR)</b>	Severity of Illness (SOI) at Discharge	AprOut_SeverityOfIllness	Severity of illness subclass assigned at discharge.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5032	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Severity of Illness (SOI) Following HAC Adjusted DRG Processing	AprOut_HacAdjustedSeverityOfIllness	Severity of Illness subclass assigned at discharge, calculated using the APR DRG grouper version submitted, not including any diagnosis codes that were identified as Hospital Acquired Conditions (HACs) using the HAC version submitted.	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	5439	Y	Grouper	Y	Y	
<b>All Patient Refined (APR)</b>	Suggested Principal Procedure	AprOut_SuggestedPrincipalProcedure	The suggested principal procedure based on coding practice and policies.		5091	N	Grouper	N	N	



#### 4.7. Pricer APIs

The Pricer APIs include methods to Read-In values for processing and Read-Out values for use and storage. Inputs values are sourced from the claims, grouper, and the MMIS. The following tables are a subset of the 3M GPS Inputs and Outputs spreadsheet available through the GPS Library on the 3M site.

##### 4.7.1. Pricer Input APIs

Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
Inpatient Payment Calculation Toolkit	Admission Date	DrgIn_Admit Date	The date of the patient's admission to the hospital.		2	Y	Claim			
Inpatient Payment Calculation Toolkit	Discharge Date	DrgIn_DischargeDate	The date of the patient's discharge from the hospital.		3	Y	Claim			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Discharge Status	DrgIn_DischargeStatus	A two-digit code that identifies where the patient is at the conclusion of a health care facility encounter or at the end of a billing cycle.	01 - Home - Self-care (Routine) 02 - Short Term Hospital 03 - SNF 04 - Custodial/ supportive care 05 - Cancer/children's hospital 06 - Home Health Service 07 - Left Against Medical Advice 08 - Home IV Service 10 - Discharged/transferred to another hospital–neonate after care 13 - Discharged/transferred to another hospital–tertiary after care 20 - Died 21 - Court /Law Enforcement 22 - Neonate after care 23 - Tertiary after care 30 - Still a Patient 43 - Federal Hospital 50 - Hospice - Home 51 - Hospice - Medical Facility 61 - Swing Bed 62 - Rehab Facility/ Rehab	1001	Y	Claim			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
				Unit 63 - Long Term Care Hospital 64 - Nursing Facility - Medicaid Certified 65 - Psych Hosp/Unit 66 - Critical Access Hospital 69 - Designated Disaster Alternative Care Site 70 - Oth Institution 81 - Home-Self care w Planned Readmission 82 - Short Term Hospital w Planned Readmission 83 - SNF w Planned Readmission 84 - Cust/supp care w Planned Readmission 85 - Canc/child hosp w Planned Readmission 86 - Home Health Service w Planned Readmission 87 - Court/law enfrc w Planned Readmission 88 - Federal Hospital w Planned Readmission 89 - Swing Bed w Planned Readmission 90 - Rehab Facility/ Unit w Planned Readmission						





Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
				91 - LTCH w Planned Readmission 92 - Nursg Fac-Medicaid Cert w Planned Readmission 93 - Psych Hosp/Unit w Planned Readmission 94 - Crit Acc Hosp w Planned Readmission 95 - Oth Institution w Planned Readmission						
<b>Inpatient Payment Calculation Toolkit</b>	DRG	DrgIn_Drg	A three character code that represents the disease classification derived from the patient age, claim diagnosis and procedure codes as defined by the Diagnosis Related Group (DRG) classification system.		1004	Y	Grouper			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Length of Stay	DrgIn_LengthOfStay	Entered length of stay.	1 - 9999	1000	Y	iC			
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Total Charge	DrgIn_ItemTotalCharge	The entire hospital line item charge.		1024	N	Claim			
<b>Inpatient Payment Calculation Toolkit</b>	Occurrence Span Code	DrgIn_OccurrenceSpanCode	An alphanumeric representation of an event that relates to payment of the claim, and the dates associated with that event. Five occurrence codes can be input and are reviewed for those that relate to non-covered days, (codes: 74-77, 79, 81, and M2-M4), are subtracted from the claim's length-of-stay.	74 - Non-covered Level of Care/Leave of Absence Dates 75 - SNF Level of Care 76 - Patient Liability 77 - Provider Liability 79 - Payer Code 80 - Prior Same-SNF Stay Dates Payment Ban Purposes 81 - Antepartum days at reduced level of care M1 - Provider Liability-No Utilization M2 - Dates of inpatient respite from/through dates of a period of inpatient care. M3 - ICF Level of Care	1012	N	Claim			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
				M4 - Residential Level of Care						
<b>Inpatient Payment Calculation Toolkit</b>	Occurrence Span Code From Date	DrgIn_OccurrenceSpanCodeFromDate	Beginning date of an event that affected payment during the patient's care.		1013	N	Claim			
<b>Inpatient Payment Calculation Toolkit</b>	Occurrence Span Code Through Date	DrgIn_OccurrenceSpanCodeThroughDate	The end date of an event that affected payment during the patient's care.		1014	N	Claim			
<b>Inpatient Payment Calculation Toolkit</b>	Revenue Code	DrgIn_ItemRevenueCode	A four digit numeric code that identifies the type of services provided during the outpatient care		1023	N	Claim			
<b>Inpatient Payment Calculation Toolkit</b>	Severity of Illness (SOI)	DrgIn_SeverityOfIllness	Severity of illness subclass	0 - No class specified 1 - Minor 2 - Moderate 3 - Major 4 - Extreme	1011	Y	Grouper			



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Total Charges	DrgIn_TotalCharges	Total amount charged by the hospital for patient care.		1003	Y	Claim			Request for 3M to add a non-covered field.
<b>Inpatient Payment Calculation Toolkit</b>	Units of Service	DrgIn_ItemUnitsOfService	The numeric count of the repetition of services performed for a specific line item.		1038	N	Claim			
<b>Inpatient Payment Calculation Toolkit</b>	User Key 1	DrgIn_UserKey1	Corresponds to payment schedule database. Used for schedule lookup		0	N	iC			
<b>Inpatient Payment Calculation Toolkit</b>	User Key 2	DrgIn_UserKey2	Corresponds to payment schedule database. Used for schedule lookup		1	N	iC			

**4.7.2. Pricer Output APIs**

<b>Scheme</b>	<b>Field Name</b>	<b>API</b>	<b>Description</b>	<b>Valid Values</b>	<b>Enum</b>	<b>Use API</b>	<b>Source</b>	<b>Store</b>	<b>Display</b>	<b>WI Comment</b>
<b>Inpatient Payment Calculation Toolkit</b>	Acute Care Days	DrgOut_Acute CareDays	The portion of the claim Length of Stay that occurred in an Acute Care hospital setting.		3114	Y	Pricer	Y	N	
<b>Inpatient Payment Calculation Toolkit</b>	Birth Weight Option	DrgOut_Birth WeightOption	Birth weight option selected, numeric, identifies the birth weight option selected for the schedule with which the patient record is processed.	1 - Entered in the birth weight field only 2 - Coded with diagnosis code only 3 - Entered or coded 4 - Entered or coded with cross-check 5 - Coded only, default available 6 - Entered or coded, default available 7 - Entered or coded with cross-check, default available	2006	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Case Rate	DrgOut_Rate	The dollar amount reflecting the amount paid for the claim DRG, when using the DRG formulas.		3133	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Cost Outlier Charge Point or Charge Outlier Threshold	DrgOut_ChargePoint	The dollar amount above which the claim's total charges will qualify for a high cost outlier payment. The dollars are represented as charges rather than costs.		3009	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Cost Outlier Payment (High)	DrgOut_CostOutlier	The portion of the hospital's total reimbursement that is attributed to the claim having costs above the cost outlier threshold.		3019	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Cost Weight or Relative Weight	DrgOut_Weight	A factor indicating typical use of hospital resources for that DRG relative to all other DRGs.		3010	Y	Pricer	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	DRG Base Payment	DrgOut_DrgBase	The portion of the claim total payment paid for a claim qualifying as an inlier.		3001	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Formula	DrgOut_Formula	Type of payment methodology to use for the claim DRG.	0 - No Payment 1 - DRG, Total Charges & Revenue Code payments, depending on variables 2 - DRG, Percent of Total Charges & Revenue Code payments, depending on variables 3 - DRG payments only, depending on DRG variables 4 - Percent of Total Charges (POC) payment only 5 - Per Diem payment only 6 - Total Charges payment only 7 - Revenue Code payment only	3102	Y	Pricer	Y	N	
<b>Inpatient Payment Calculation Toolkit</b>	Grouper Version	DrgOut_GrouperVersion	Identifies the grouper type and version used for processing: First two digit identify the grouper type. Last three digits		2004	Y	Pricer	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
			identify the Grouper Version.							
<b>Inpatient Payment Calculation Toolkit</b>	High Cost Outlier Threshold	DrgOut_HighCostOutThreshold	The dollar amount, in cost dollars, that if the claim costs are greater, makes the claim eligible for a cost outlier payment in the DRG Payment formulas.		3034	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	High LOS Outlier Payment	DrgOut_HighLOSPayment	The portion of the hospital's total reimbursement that is attributed to the claim length-of-stay being greater than the claim DRG high length of stay threshold.		3011	N	Pricer	N	N	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	High LOS Threshold	DrgOut_HighLosThreshold	The length of stay that if the claim LOS is greater, makes the claim eligible for a High LOS outlier payment in the DRG Payment formulas.		3017	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	High Per Diem Rate	DrgOut_HighOutlierPerDiem	The dollar amount per day that will be paid for each day that the claim LOS exceeds the High LOS Outlier Threshold.		3108	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Add-On Amount	DrgOut_ItemAddOnAmount	The dollar amount paid for each instance of a given Revenue Code on a claim. If this value is zero the logic will not be used.		3145	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Line Item High Cost Threshold	DrgOut_ItemHighCostOutThreshold	The dollar amount whereby if the claim line item total charges exceed, the claim will be eligible for a line item payment. If this value is zero the logic will not be used.		3146	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Maximum Payment Amount	DrgOut_ItemMaximum	The maximum payment amount allowed on a given line item Revenue Code. If this value is zero the logic will not be used.		3147	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Per Diem Rate	DrgOut_ItemPerDiemRate	The dollar amount paid for each service unit of a given Revenue Code on a claim. If this value is zero the logic will not be used.		3144	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code Percent of Charges	DrgOut_ItemPercent	The decimal representation of the portion of the revenue code line item reduced total charges that exceed the line item cost threshold will be paid as a line item high cost outlier payment.		3148	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code Add-On Payment	DrgOut_ItemRevenueCodeAddOnPayment			3140	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code High Cost Payment	DrgOut_ItemRevenueCodeHighCostPayment			3141	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code High Cost Percentage Payment	DrgOut_ItemRevenueCodeHighCostPercentPayment			3142	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code Payment	DrgOut_ItemRevenueCodePayment			3143	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Line Item Revenue Code Per Diem Payment	DrgOut_ItemRevenueCodePerDiemPayment			3139	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Low LOS Outlier (short stay) Payment	DrgOut_LowLos	The portion of the hospital's total reimbursement that is attributed to the claim length-of-stay being less than the claim DRG low length of stay threshold.		3013	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Low LOS Threshold	DrgOut_LowLosThreshold	The length of stay, specific to each DRG, that if the claim LOS is less than, makes the claim eligible for a low cost outlier payment.		3016	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
Inpatient Payment Calculation Toolkit	Low Outlier Per Diem Rate	DrgOut_LowOutlierPerDiem	The dollar amount per day that will be paid for each day of the claim LOS where the claim LOS is less than the Low LOS Outlier Threshold.		3107	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Mapping Date	DrgOut_MappingDate	The effective date of the version of ICD-CM procedure and diagnosis codes that was used for code mapping.	10012015: ICD-10-CM/PCS ver. 33.0 10012014: ICD-9-CM ver. 32.0 10012013: ICD-9-CM ver. 31.0 10012012: ICD-9-CM ver. 30.0 10012011: ICD-9-CM ver. 29.0 10012010: ICD-9-CM ver. 28.0 10012009: ICD-9-CM ver. 27.0 10012008: ICD-9-CM ver. 26.0 10012007: ICD-9-CM ver. 25.0 10012006: ICD-9-CM ver. 24.0 10012005: ICD-9-CM ver. 23.0 10012004: ICD-9-CM ver. 22.0 10012003: ICD-9-CM ver. 21.0 10012002: ICD-9-CM ver. 20.0 10012001: ICD-9-CM ver. 19.0	2005	Y	Pricer	Y	Y	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
				10012000: ICD-9-CM ver. 18.0 10011999: ICD-9-CM ver. 17.0 10011998: ICD-9-CM ver. 16.0 10011997: ICD-9-CM ver. 15.0 10011996: ICD-9-CM ver. 14.0 10011995: ICD-9-CM ver. 13.0 10011994: ICD-9-CM ver. 12.0 10011993: ICD-9-CM ver. 11.0 10011992: ICD-9-CM ver. 10.0 10011991: ICD-9-CM ver. 9.0 10011990: ICD-9-CM ver. 8.0						
<b>Inpatient Payment Calculation Toolkit</b>	Maximum Percent of Charges	DrgOut_MaxPercentOfCharges	The DRG specific decimal representation of the highest a percent of total charges to be paid on a claim.		3200	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Mean LOS	DrgOut_Mean Los	The Mean Length of Stay as returned by the DRG data file.		3015	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Minimum Percent of Charges	DrgOut_MinimumPercentOfCharges	The DRG specific decimal representation of the lowest a percent of total charges to be paid on a claim.		3201	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Occurrence Span Code Date Validation Flag	DrgOut_OccurrenceSpanCodeDateValidationFlag	Flag used to indicate whether or not specific issues were found with use of the occurrence span code field.	0 - No issues found or wasn't used. 1 - Occurrence Span Code From Date Greater Than Through Date 2 - Occurrence Span Code From Date Invalid 3 - Occurrence Span Code Through Date Invalid	3092	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Outlier Days	DrgOut_OutDays	The number of days of the length-of-stay exceeds the high length-of-stay threshold for the claim DRG.		3018	N	Pricer	N	N	





Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Per Diem Payment	DrgOut_PerDiemPayment	The portion of the hospital's total reimbursement for a claim paid using the Per Diem formula or a fixed amount reimbursed per each day of the stay in the hospital.		3030	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Per Diem Rate	DrgOut_PerDiemRate	Dollar amount representing the amount to be paid per day for all claims when using the Per Diem formula.		3132	N	Pricer	N	N	
<b>Inpatient Payment Calculation Toolkit</b>	Percent of Total Charges Payment	DrgOut_PercentOfCharges	The portion of the hospital's total reimbursement for a claim paid using the Percent of Total Charges formulas.		3044	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
<b>Inpatient Payment Calculation Toolkit</b>	Schedule Begin Date	DrgOut_SchedFromDate	The begin date for the effective date range of the schedule used to process the claim.		2000	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Schedule Description	DrgOut_Description	Description associated with schedule used to process the claim.		2003	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Schedule End Date	DrgOut_SchedToDate	The end date for the effective date range of the schedule used to process the claim.		2001	Y	Pricer	Y	Y	
<b>Inpatient Payment Calculation Toolkit</b>	Schedule Type	DrgOut_ReimbursementType	Number associated with the scheme in Schedule.	48 - Inpatient Payment Calculation Toolkit	2002	Y	Pricer	Y	N	
<b>Inpatient Payment Calculation Toolkit</b>	Total Charges Payment	DrgOut_TotalChargesFormula	The portion of the hospital's total reimbursement for a claim paid using the Total Charges formulas.		3039	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
Inpatient Payment Calculation Toolkit	Total Claim Revenue Code Add-On Payment	DrgOut_RevenueCodeAddOnPayment			3136	N	Pricer	N	N	
Inpatient Payment Calculation Toolkit	Total Claim Revenue Code High Cost Percentage Payment	DrgOut_RevenueCodeHighCostPercentPayment			3137	N	Pricer	N	N	
Inpatient Payment Calculation Toolkit	Total Claim Revenue Code Payment	DrgOut_RevenueCodePayment			3138	N	Pricer	N	N	
Inpatient Payment Calculation Toolkit	Total Claim Revenue Code Per Diem Payment	DrgOut_RevenueCodePerDiemPayment			3135	N	Pricer	N	N	



Scheme	Field Name	API	Description	Valid Values	Enum	Use API	Source	Store	Display	WI Comment
Inpatient Payment Calculation Toolkit	Total Payment	DrgOut_Total			3000	Y	Pricer	Y	Y	
Inpatient Payment Calculation Toolkit	Transfer Payment	DrgOut_Transfer			3002	Y	Pricer	Y	Y	
Inpatient Payment Calculation Toolkit	Transfer Exception Indicator	DrgOut_TransferExceptionIndicator	Number designating whether a given DRG is to be handled as a transfer exception.	0 - No 1 - Yes	3134	Y	Pricer	Y	Y	



#### 4.8. 3M Edits to MMIS Edits Mapping

A subset of the 3M edits, errors, and return codes were mapped to WI MMIS (iC) edits. The information for the 3M data was derived from the 3M spreadsheets:

APR DRG Code	APR DRG Error Enum	APR DRG Error Enum API	Error Code	Error Code Description	iC Edit #	iC Edit Description	EOB #	EOB (Tentative EOBs in Yellow)
955	5016	AprOut_PrincipalDiagnosisEdits	4	Age conflict	4344	DRG GROUPER UNABLE TO GROUP/PRICE - age/dos cnflct	1016	The claim did not meet the criteria to match a DRG.
955	0	Any	0	Any	4345	DRG GROUPER UNABLE TO GROUP/PRICE - dx/mdc cnflct	1021	Principal diagnosis invalid as discharge diagnosis for MDC 14: pregnancy, childbirth, and the puerperium.
956	5013	AprOut_ReturnCode	1	Diagnosis code cannot be used as principal diagnosis	4039	DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS	0807	DIAGNOSIS CODE INDICATED IS NOT VALID AS A PRIMARY DIAGNOSIS.
956	5436	AprOut_HacAdjustedReturnCode	1	Diagnosis code cannot be used as principal diagnosis	4039	DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS	0807	DIAGNOSIS CODE INDICATED IS NOT VALID AS A PRIMARY DIAGNOSIS.
956	5013	AprOut_ReturnCode	11	Invalid principal diagnosis	4330	DRG GROUPER UNABLE TO GROUP/PRICE - principal DX	0000	This claim/service is pending for program review.



956	5436	AprOut_HacAdjustedReturnCode	11	Invalid principal diagnosis	4330	DRG GROUPER UNABLE TO GROUP/PRICE - principal DX	0000	This claim/service is pending for program review.
956	5013	AprOut_ReturnCode	3	Invalid age in years or admission age in days	4333	DRG GROUPER UNABLE TO GROUP/PRICE - age/birth date	1020	Invalid age / birthdate
956	5013	AprOut_ReturnCode	9	Invalid discharge age in days	4333	DRG GROUPER UNABLE TO GROUP/PRICE - age/birth date	1020	Invalid age / birthdate
956	5436	AprOut_HacAdjustedReturnCode	3	Invalid age in years or admission age in days	4333	DRG GROUPER UNABLE TO GROUP/PRICE - age/birth date	1020	Invalid age / birthdate
956	5436	AprOut_HacAdjustedReturnCode	9	Invalid discharge age in days	4333	DRG GROUPER UNABLE TO GROUP/PRICE - age/birth date	1020	Invalid age / birthdate
956	5013	AprOut_ReturnCode	4	Invalid sex	4334	DRG GROUPER UNABLE TO GROUP/PRICE - gender	0810	A covered DRG cannot be assigned to the claim. The information on the claim is invalid or not specific enough to assign a DRG.
956	5436	AprOut_HacAdjustedReturnCode	4	Invalid sex	4334	DRG GROUPER UNABLE TO GROUP/PRICE - gender	0810	A covered DRG cannot be assigned to the claim. The information on the claim is invalid or not specific enough to assign a DRG.



956	5013	AprOut_ReturnCode	5	Invalid discharge status	4336	DRG GROUPER UNABLE TO GROUP/PRICE - dschrge status	0000	This claim/service is pending for program review.
956	5436		5	Invalid discharge status	4336	DRG GROUPER UNABLE TO GROUP/PRICE - dschrge status	0000	This claim/service is pending for program review.
956	5013	AprOut_ReturnCode	2	Record does not meet criteria for any DRG	4341	DRG GROUPER UNABLE TO GROUP/PRICE - no DRG match	1016	The claim did not meet the criteria to match a DRG.
956	5436	AprOut_HacAdjustedReturnCode	2	Record does not meet criteria for any DRG	4341	DRG GROUPER UNABLE TO GROUP/PRICE - no DRG match	1016	The claim did not meet the criteria to match a DRG.
956	5013	AprOut_ReturnCode	6	Invalid birth weight	4342	DRG GROUPER UNABLE TO GROUP/PRICE - birth weight	1017	The claim was submitted with an invalid / inappropriate birth weight.
956	5436		6	Invalid birth weight	4342	DRG GROUPER UNABLE TO GROUP/PRICE - birth weight	1017	The claim was submitted with an invalid / inappropriate birth weight.
956	5013	AprOut_ReturnCode	12	Gestational age/birth weight conflict	4343	DRG GROUPER UNABLE TO GROUP/PRICE - age/wt cnflct	1018	The claim was submitted with conflicting data between gestational age and birth weight.



956	5436	AprOut_HacAdjustedReturnCode	12	Gestational age/birth weight conflict	4343	DRG GROUPER UNABLE TO GROUP/PRICE - age/wt cnflct	1018	The claim was submitted with conflicting data between gestational age and birth weight.
956	5016	AprOut_PrincipalDiagnosisEdits	0	Any	4361	EAPG GROUPER: RETURN CODE NOT SUPPRESSED OR MAPPED	9999	Processed Per Policy





## 5. Additional Resources

The 3M Health Information Systems Support site provides all the documentation related to the GPS and APR DRG. With the appropriate 3M agreements, users can access the GPS Library for training materials and background information, installation and development guides, API spreadsheets, and the definition manuals. The following materials from 3M are being used on this project:

- 3M GPS Library
- APR DRG Definitions Manual Volumes 1-3
- GPS Inputs and Outputs spreadsheet
- Error Return Codes spreadsheet
- Schedule spreadsheet
- IP Edits spreadsheet
- Inpatient Payment Calculation Toolkit Reimbursement Guide
- 3M Grouper Plus System Implementation Guide
- 3M Grouper Plus System Software Developer's Guide

The current 3M Health Information Systems Support site is: <https://support.3mhis.com>.



## 6. Document Change Log

#	SECTION	UPDATE(S) MADE	UPDATE BY	DATE
1.	3.4.2	Cost of Charges variable: Changed the term "Covered Charges" to "Total Charges"	E. Trigo	07/01/16
2.	4.6.2	Enum 3201, Minimum Percentage of Charges variable: Changed <i>Store &amp; Display</i> column values from "Y" to "N"	E. Trigo	07/01/16
3.	4.7	Inserted the 3M to WI MMIS error mapping table	E. Trigo	07/01/16
4.	4.4	Inserted section with screenshots for the schedule configuration	E. Trigo	10/24/16
5.	4.6	Updated API use for Mapped APIs. Changed Use?, <i>Store &amp; Display</i> column values from "N" to "Y"	E. Trigo	10/24/16
6.	4.1.1	Added new section to highlight integration of the APR DRG grouper using the 3M GPS	E. Trigo	11/01/16